

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000038953

**Entity Name:** AMERICAN HOME HEALTH PROVIDERS, CORP.

**FILED**  
**Jan 09, 2019**  
**Secretary of State**  
**6436520885CC**

**Current Principal Place of Business:**

3408 W. 84TH STREET  
SUITE 203  
HIALEAH, FL 33018

**Current Mailing Address:**

3408 W. 84TH STREET  
SUITE 203  
HIALEAH, FL 33018

**FEI Number:** 20-8735577

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALONSO SANTANA, RUBEN  
3408 WEST 84 ST  
SUITE 203  
HIALEAH, FL 33018 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DPS  
Name           SANTANA, RUBEN ALONSO  
Address        3408 W. 84TH STREET #203  
City-State-Zip: HIALEAH FL 33018

Title           VP  
Name           ABRAHAM, CRISLAYNE  
Address        3408 W. 84TH STREET  
                  SUITE 203  
City-State-Zip: HIALEAH FL 33018

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RUBEN ALONSO SANTANA

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**01/09/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date